EXHIBIT B

Part 1:	**Identify the Claim**
1. Who is the current creditor?	United HealthCare Services, Inc., on behalf of itself, parents, affiliates, and subsidiaries. Name of the entity to be paid for this claim (including other names the creditor used with the debtor, including d/b/a)
2. Proof of Claim number of previously filed claim, if any, that is superseded by this claim?	Claim number: N/A
3. Has anyone else filed a claim on behalf of this creditor?	☐ Yes ☒ No If yes, please provide the filer and claim number Filer: _____ Claim number: _____
4. Last 4 digits of creditor's federal tax identification number (FEIN)?	FEIN: ___ ___ ___ ___ 9245

Part 2: Contact Info for Notices and Distributions

1. Who should receive notice?

Name: Thomas C. Mahlum, Esq.
First name Middle name Last name

Title: Partner

Company: Robins Kaplan LLP
Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 800 LaSalle Ave., Ste. 2800
Number Street

Minneapolis MN 55402
City State Zip code

Phone Number: 612.349.8500

E-mail Address: TMahlum@RobinsKaplan.com (required)

2. Where should distributions be sent?

Name: Thomas C. Mahlum, Esq.
First name Middle name Last name

Title: Partner

Company: Robins Kaplan LLP
Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 800 LaSalle Ave., Ste. 2800
Number Street

Minneapolis MN 55402
City State Zip code

Phone Number: 612.349.8500

E-mail Address: TMahlum@RobinsKaplan.com (required)

Part 3:	**Amount of TPP Abatement Claim**
1. Total amount of the claim, as calculated by the instructions that begin on page 6 herein.	Claim Amount: $ $12,964,957,531.43
2. Components of TPP Abatement Claim, per instructions for calculation.	a. Number of creditor's plan members, subscribers, or covered dependents prescribed drugs identified on NDC List on Appendix A between January 1, 2008 and December 31, 2020. (Note: Count each member only once regardless of the number of prescriptions they had): 8,244,043 b. Number of prescriptions paid by creditor for drugs in item a: 48,389,272 c. Total dollars paid by creditor for such prescriptions $1,233,235,693.63 d. Number of plan members in item a who were diagnosed with Opioid Use Disorder (Appendix B): 898,040 e. For members in item d, dollar amount of medical claims with ICD, CPT or HCPS codes (Appendix C): $11,731,721,837.80 f. The total number of members, subscribers, and covered dependents covered by your plan or administered by your plan as of January 1, 2021: 52,200,000
3. If any of the amounts provided in response to Questions 1 or 2 hereof require an explanation, please provide here.	

Part 4: Sign Below

The person completing this TPP Abatement Claim must sign and date it.

If you file this claim electronically, FRBP 5005(a)(2) establishes a local rule specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor

☐ I am the creditor's attorney or authorized agent

I understand that an authorized signature on this *Third-Party Payor Abatement Claim Form* serves as an acknowledgement and certification that when calculating the amount of the claim, the Third-Party Payor on whose behalf the form is submitted has complied with the TPP Claim Calculation Methodology[1] set forth in the Instructions.

I have examined the information in this *Third-Party Payor Abatement Claim Form* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

_____

Signature

Print the name of the person who is completing and signing this form

Name: Dr. Rhonda Randall

First name Middle name Last name

Title: Chief Medical Officer

Company: United HealthCare Services, Inc.

Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 9700 Health Care Lane

Number Street

Minnetonka MN 55343

City State Zip code

E-mail: prov_capreport@uhc.com

[1] This is alternatively referred to as the Maximum Eligible Amount Calculation Methodology.